

**State of Utah - Labor Commission**  
**Division of Adjudication**  
 160 East 300 South, 3<sup>rd</sup> Floor, P.O. Box 146615  
 Salt Lake City, Utah 84114-6615  
 (801) 530-6800  
 laborcommission.utah.gov  
**Note: PLEASE TYPE OR PRINT IN BLACK INK**

	<p style="text-align: center;"><b>APPLICATION FOR HEARING FAILURE OF DILIGENT PURSUIT</b></p> <p>(NOTE: Include all supporting documentation when this form is filed with the Labor Commission or the Application for Hearing may be returned)</p>
Injured Employee (Petitioner)	
Petitioner's mailing address	
City, State and Zip Code	
<b>Vs.</b>	
Respondent (employer)	
Respondent's mailing address	
City, State and Zip Code	
Respondent's worker's comp Insurance Carrier	
Insurance Carrier's mailing address	
City, State and Zip Code	

**PETITIONER/RESPONDENT ALLEGES AND REQUESTS RESOLUTION CONCERNING THE FOLLOWING UNDER TITLE 34A:**

1. Date of industrial injury: Month\_\_\_\_\_Date\_\_\_\_Year\_\_\_\_\_.
2. Commission case number from order approving re-employment plan:  
\_\_\_\_\_.
3. A hearing is requested because the employer/insurance carrier has failed to diligently pursue the re-employment plan.
4. The facts supporting my request are as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Petitioner/Respondent verifies that the above information is true and correct to the best of petitioner's /respondent's information and belief.**

Printed Name of Attorney for Petitioner/Respondent State Bar #	Signature of Petitioner/Respondent (_____) _____	Date _____
Signature of Attorney for Petitioner/Respondent _____	Petitioner's/Respondent's Telephone Number _____	
Mailing Address for Attorney for Petitioner/Respondent _____	Petitioner's Social Security Number(if applicable) _____	
City/State/Zip Code (____) _____		
Telephone Number (____) _____		
FAX _____	E Mail Address _____	

**If you know the name and address of the adjuster or third party administrator that you have dealt with concerning your claim please include that information:**

\_\_\_\_\_  
**Name of adjuster or third party administrator**

\_\_\_\_\_  
**Mailing Address for adjuster or third party administrator**

\_\_\_\_\_  
**City/State/Zip Code**